| | Connecticut | Department of | Public H | ealth | Drin | king | Wat | er Se | ection | | |
|----------------------|-------------------------------|-----------------------|---------------|------------------------|----------|-------------|---------|-----------|--------------|--------------|--|
| | Wate | r Quality Monit | oring and | l Com | pliai | nce So | chec | dule | | | |
| PWS ID | PWS Name | | | (| Classifi | cation P | opulat | ion Ow | ner Type Pi | imary Source | |
| CT012001 | .4 A-ONE FOOD STOR | E | | | N | 0 | 25 | | Р | GW | |
| Local Add | ress (where applicable) | | Service | Residenti | ial Cor | nmercial | Indu | ustrial | Combined | Agricultural | |
| 140 WEST | STREET | | Connections | 1 | | 1 | | | | | |
| Towns Served: BOLTON | | | | | | | | | | | |
| | | Monito | oring Requi | iremen | its | | | | | | |
| Water Sy | stem Facility: DISTRIB | UTION SYSTEM (WSF I | D: 00600) | | | | | | | | |
| Total Co | liform (3100) | | | | | | | 1 ro | utine (RT) լ | oer quarter | |
| Sam | pling Point (Sampling Poin | nt ID) | ٨ | Monitorin | g Perio | d Col | lection | n Period | Compli | ance Status | |
| Selec | ct from Inventory of Active | Sampling Points | 1 | 0/1/18 - 1 | 12/31/2 | 18 | | | Co | mplete | |
| | | | | 1/1/19 - 3 | 3/31/19 | 9 | | | Co | mplete | |
| | | | | 4/1/19 - 6 | 5/30/19 | 9 | | | | | |
| | | | | 7/1/19 - 9 | 9/30/19 | 9 | | | | | |
| Physical | Parameters (PPS) | | | | | | | 1 ro | utine (RT) լ | oer quarter | |
| Sam | pling Point (Sampling Poin | nt ID) | ٨ | d Col | lection | ance Status | | | | | |
| Selec | ct from Inventory of Active | Sampling Points | 1 | 0/1/18 - 1 | 12/31/2 | 18 | | | Co | mplete | |
| | | | | 1/1/19 - 3 | 3/31/19 | 9 | | | Co | mplete | |
| | | | | 4/1/19 - 6 | 5/30/19 | 9 | | | | | |
| | | | | 7/1/19 - 9 | 9/30/19 | 9 | | | | | |
| Water Sy | stem Facility: ENTRY P | POINT (WSF ID: 00700) | | | | | | | | | |
| | And Nitrite (NOX) | | | | | | | 1 | routine (R | T) per year | |
| Sam | pling Point (Sampling Poin | nt ID) | Λ | Aonitorin | g Perio | d Col | lection | n Period | Compli | ance Status | |
| ENTF | RY POINT (3) | | 1 | l/1/18 - 1 | 2/31/1 | 8 | | | Co | mplete | |
| | | | 1 | L/1/19 - 1 | 2/31/1 | 9 | | | | | |
| | | | 1 | L/1/20 - 1 | 2/31/2 | 0 | | | | | |
| | W | ater System Facili | ty and Sam | npling I | Point | Inven | tory | | | | |
| Water | | | | | | Tot | al L | ead and | | | |
| - | Water System Facility | Sampling Point | | t | | _ | | Copper | | Stage | |
| Facility ID |) | ID | Description | | Stat | tus Ru | le F | Rule Tiei | Asbestos | WQP 2 DBPR | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION | | Α | . Y | | | | | |
| | | DOWNSTREAM | | WITHIN 5 SERVICE CON A | | | | | | | |
| | | UPSTREAM | WITHIN 5 SER\ | /ICE CON | Α | ı | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | | Α | 1 | | | | | |
| 20224 | WELL | 2 | WELL | | А | | | | | | |
| 61180 | TREATMENT PLANT | | | | | | | | | | |
| | | Con | tact Inform | nation | | | | | | | |
| Name | | 0 | rganization | | | | | | Job Title | | |
| Ms. Ange | la Crespo | | | | | | Prope | rty Owr | | | |
| | | | | | | | · · · | | | | |

City

Bolton

Emergency Phone Email Address

State

СТ

Zip Code

06043

Mailing Address Line Two

Mobile Phone

Ms. Angela Crespo

Mailing Address Line One

Business Phone

860-649-0661

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

132 West St

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| | Tracer Quarty 140111c | | | | | | | |
|-----------------|-----------------------|---------|-------|----------|-------------|------------|-----------------|----------------|
| PWS ID | PWS ID PWS Name C | | | | | | Owner Type | Primary Source |
| CT0120014 | A-ONE FOOD STORE | | NC | 25 | Р | GW | | |
| Local Address (| Service | Resider | ntial | Commerci | al Industri | al Combine | ed Agricultural | |
| 140 WEST STRE | Connections | 1 | | 1 | | | | |
| | | | | | | <u> </u> | | |

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule | | | | | | | | | | | |
|------------------|---|-------|--------------------|-------------|------------|------------|--------------|-------------|----|--|--|--|
| PWS ID | PWS Name | | Classification F | | Population | Owner Type | Pri | mary Source | | | | |
| CT0120054 | BOLTON CONGREGATIONAL CHURCH | | | | NC | 25 | Р | | GW | | | |
| Local Address (w | Residen | itial | Commercia | al Industri | al Combin | ed | Agricultural | | | | | |
| 228 BOLTON CE | NTER ROAD | | | 1 | | | | | | | | |

| Towns Served: BOLTON | | | |
|---|--------------------------|--------------------------|--------------------------|
| Monitori | ng Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0 | 00600) | | |
| Total Coliform (3100) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Total Coliform (3100) | | | 3 (TR) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/19 - 1/31/19 | | Complete |
| | 2/1/19 - 2/28/19 | | Complete |
| Physical Parameters (PPS) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete |
| | 1/1/19 - 3/31/19 | | Complete |
| | 4/1/19 - 6/30/19 | | |
| | 7/1/19 - 9/30/19 | | |
| Water System Facility: WELL (WSF ID: 20228) | | | |
| E. Coli (3014) | | 1 trigge | ered (TG) per period |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| WELL (2) | 12/14/18 - 12/20/18 | | Complete |

| Other Compliance Schedules | | | | | | | | | |
|------------------------------|----------|---------------|--|--|--|--|--|--|--|
| Compliance Schedule Activity | Due Date | Achieved Date | | | | | | | |
| CROSS CONNECTION EXEMPTION | 3/1/2016 | | | | | | | | |

1/17/19 - 1/23/19

Complete

| | Water System Facility and Sampling Point Inventory | | | | | | | | | | | |
|--------------------------------|--|----------------------|----------------------------|--------|---------------------------|---|----------|---------------------|--|--|--|--|
| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | | Asbestos | Stage WQP 2 DBPF | | | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | | | | | |
| | | BCC01 | WATER TANK | Α | | | | | | | | |
| | | BCC02 | CHURCH BATH SINK | Α | Υ | 2 | Υ | | | | | |
| | | BCC03 | KITCHEN CENTER SINK | Α | | 2 | | | | | | |
| | | BCC04 | LARGE KITCHEN SINK | Α | | 2 | | | | | | |
| | | BCC05 | KITCHEN RIGHT SINK | Α | | 2 | | | | | | |
| | | BCC06 | CLASSROOM 1 SINK | Α | | 2 | | | | | | |
| | | BCC07 | CLASSROOM 2 SINK | Α | | 2 | | | | | | |
| | | BCC08 | LADIES LEFT SINK | Α | | 2 | | | | | | |
| | | BCC09 | LADIES RIGHT SINK | Α | | 2 | | | | | | |
| | | BCC10 | MENS LEFT SINK | Α | | 2 | | | | | | |
| | | BCC11 | MENS RIGHT SINK | Α | | 2 | | | | | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| | Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule | | | | | | | | | | | |
|------------------|---|--------------|---------------------------|------------|-----------|------------|--------------|-------------|----|--|--|--|
| PWS ID | PWS Name | | Classification Population | | | Owner Type | Pri | mary Source | | | | |
| CT0120054 | BOLTON CONGREGATIONAL CHURCH | | | | NC | 25 | Р | | GW | | | |
| Local Address (v | Residen | tial Commerc | | l Industri | al Combin | ed | Agricultural | | | | | |
| 228 BOLTON CE | NTER ROAD | | | 1 | | | | | | | | |

| | Water System Facility and Sampling Point Inventory | | | | | | | | | | | | |
|--------------------------------|--|----------------------|----------------------------|--------|---------------------------|---------------------------------|----------|-----------------|---|--|--|--|--|
| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Sta WQP 2 DI | _ | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | | | | | |
| 20228 | WELL | 2 | WELL | Α | | | | | | | | | |

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

| Facility Classification: SMALL WATER SYSTEM | M | | Certification |
|---|----------------|--|---------------|
| Operator Name | Operator Type | Certification(s) | Expiration |
| NAVICKIS, THOMAS L. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 6/30/2021 |

| | | | | Co | ntact int | ormation | | | | | |
|---------------------|--------------|----------|---------|-------|--------------|-------------------|--------------------------------------|-------------------|-----------|----------|--|
| Name | | | | | Organization | l | | | Job Title | | |
| Mr. Charles Ericsor | 1 | | | | Bolton Congi | regational Church | | Pastor | | | |
| Mailing Address Lin | e One | | Mailing | Addre | ess Line Two | | | City State Zip Co | | | |
| 228 Bolton Ctr. Roa | d | | | | | | Bolton | lton CT | | | |
| Business Phone | Extension | Fax | | Mol | bile Phone | Emergency Phone | Email Address | | | | |
| 860-649-7077 | | 860-649- | 5419 | | | 860-647-8878 | acedirectr@aol.com | | | | |
| Contact Role(s): Le | egal Contact | | | | | | | | | | |
| Name | | | | | Organization | 1 | | | Job Title | | |
| Mr. Robert Peterso | n | | | I | Bolton Congi | regational Church | | Member | | | |
| Mailing Address Lin | e One | | Mailing | Addre | ess Line Two | | City | | State | Zip Code | |
| 400 West Street | | | | В | | Bolton CT C | | | | | |
| Business Phone | Extension | Fax | | Mol | bile Phone | Emergency Phone | mergency Phone Email Address | | | | |
| 860-649-7077 | | 860-649- | 5419 | | | 860-649-7766 | 7766 office@boltoncongregational.org | | | | |

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

Towns Served: BOLTON

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Connecticut Dep | artmer | nt of Pul | blic H | ealth | Dı | rinkin | g Wate | er S | ection | |
|-------------------------|--|--|-------------|-----------------------|---------------------|-------|-----------------|---------------------|--------------------|----------------|--------------------------------|
| | Water Qua | ality Mo | onitorin | ng and | d Con | npl | iance | Sched | ıle | | |
| PWS ID | PWS Name | | | <u> </u> | Classification Popu | | | | ulation Owner Type | | Primary Source |
| CT0120064 | BOLTON ICE PALACE | | | | | | NC | 25 | | Р | GW |
| Local Address (| where applicable) | | Servi | ice | Residen | tial | Commerc | cial Indus | trial | Combine | d Agricultural |
| 145 HOP RIVER | ROAD | | Conn | nections | | | 1 | | | | |
| Towns Served: | BOLTON | | | | | | | | | | |
| | | M | onitoring | g Requ | ireme | nts | } | | | | |
| • | Facility: DISTRIBUTION | SYSTEM (| WSF ID: 006 | 600) | | | | | | | |
| Total Coliforn | • • | | | | | | | | | - - |) per quarter |
| | Point (Sampling Point ID) | | | | Monitori | | | Collection | Perio | | oliance Status |
| Select fror | m Inventory of Active Samplir | ng Points | | | 10/1/18 - | | | | | | Complete |
| | | | | | 1/1/19 - | | | | | C | Complete |
| | | | | | 4/1/19 - | | | | | | |
| Dhariaal Dawa | | | | | 7/1/19 - | 9/3 | 0/19 | | 4 | | \ |
| • | meters (PPS) Point (Sampling Point ID) | | | | Monitori | ina D | Pariod (| Collection | | - - |) per quarter Diance Status |
| | n Inventory of Active Samplir | ng Points | | | 10/1/18 - | | | Conection | -61100 | | Complete |
| Select II of | in inventory of Active Samplin | ig i oiiits | | - | 1/1/19 - | | | | | | Complete |
| | | | | | 4/1/19 - | | | | | | complete |
| | | | | | 7/1/19 - | | | | | | |
| Water System | Facility: ENTRY POINT | WSF ID: 0 | 0700) | | 7, 2, 20 | -,- | -, | | | | |
| Nitrate And N | • | <u>- </u> | , | | | | | | - | l routine (| (RT) per year |
| | Point (Sampling Point ID) | | | | Monitori | ing P | Period (| Collection | | | oliance Status |
| ENTRY PO | INT (3) | | | | 1/1/18 - | 12/3 | 31/18 | | | C | Complete |
| | | | | | 1/1/19 - | 12/3 | 31/19 | | | | |
| | | | | | 1/1/20 - | 12/3 | 31/20 | | | | |
| | | Oth | er Comp | liance | Sched | lule | es | | | | |
| Compliance Scl | hedule Activity | | | | | Due | Date | Aci | ieve | d Date | |
| CROSS CONNEC | CTION EXEMPTION | | | | | 3/1/ | 2019 | | | | |
| | | Public | Notifica | tion R | equire | eme | ents | | | | |
| | | | Complic | | Notice | , | <u>Public N</u> | <u>Notification</u> | | | <u>rtification</u> |
| Violation/Situa | | | Perio | | Tier | | Required | | ned | Due to DP | |
| REVISED TOTAL | COLIFORM RULE (RTCR) | | 4/23/18 - | | 3 | | 6/11/2019 | | | 6/21/2019 | 9 |
| | Water 9 | System F | acility a | nd Sar | npling | Po | int Inve | entory | | | |
| Water | | - " | | | | | | | ıd an | | |
| • | er System Facility | Sampling ID | Point Samp | oling Poil ription | nt | | | - | pper | | Stage |
| Facility ID 00600 DIST | DIDITION CVCTENA | 4 | | • | I SYSTEM | | Jiuius | Rule Ru Y | ie He | a Aspesto | s WQP 2 DBPR |
| 00000 DIST | RIBUTION SYSTEM | | | | | | Α | T | | | |
| | | UPSTRE | REAM WITH | | VICE COI | | A A | | | | |
| 00700 ENT | RY POINT | 3 | | Y POINT | TICL COI | • | A | | | | |
| 20229 WEL | | 2 | WELL | | | | A | | | | |
| | RO PNEUMATIC TANK | | 4 V L L L | - | | | | | | | |
| 37023 1110 | NO INLOWATIC TAINK | | | | | | | | | | |

 Contact Information

 Name
 Organization
 Job Title

 Mr. Charles Morris
 Bolton Ice Palace
 President

 Mailing Address Line One
 Mailing Address Line Two
 City
 State
 Zip Code

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| | Connectic | ut Depa | rtment | of Pu | blic I | Health | Drir | iking | Water | Sec | ction | |
|-------------------|-----------------|-----------|-------------|------------|----------|-----------|----------|---------|-----------------|---------|-----------|--------------|
| | Wa | ter Qua | lity Moi | nitorii | ng an | nd Con | nplia | nce S | chedul | le | | |
| PWS ID P | WS Name | | | | | | Classifi | cation | Population | Own | er Type | Primary Sou |
| CT0120064 E | OLTON ICE PAL | .ACE | | | | | N | С | 25 | | Р | GW |
| Local Address (wh | ere applicable) | | | Serv | rice | Residen | tial Co | mmercia | cial Industrial | | Combine | ed Agricultu |
| 145 HOP RIVER RO | DAD | | | Coni | nections | S | | 1 | | | | |
| Towns Served: BC | LTON | | | , | | | | | | ' | | |
| 145 Hop River Roa | ad | | P O Box 915 | 57 | | | | Bolton | | | СТ | 06043 |
| Business Phone | Extension | Fax | N | 1obile Pho | one E | Emergency | / Phone | Email A | ddress | | | |
| 860-646-7851 | | | | | | | | | | | | |
| Contact Role(s): | Legal Contact | | ' | | | | | | | | | |
| Name | | | | Organiz | ation | | | | | | Job Title | e |
| Mr. Robert Crawf | ord | | | Bolton I | Ice Pala | ce, LLC | | | Owner | | | |
| Mailing Address L | ine One | | Mailing Add | dress Line | Two | | | | City | | State | Zip Code |
| 145 Hopriver Road | d | | | | | | | Bolton | | | СТ | 06043 |
| Business Phone | Extension | Fax | N | 1obile Pho | one E | Emergency | / Phone | Email A | ddress | | | |
| 860-632-0323 | | 860-632-2 | 2088 | | | | | rcrawfo | rd25@gma | ail.con | n | |
| Contact Role(s): | Owner | | | | | | | | | | | |
| Name | | | | Organiz | ation | | | | | | Job Title | e |
| Ms. Kathleen She | а | | | Bolton I | Ice Pala | ce | | | Operation | ns Dire | ector | |
| Mailing Address L | ine One | | Mailing Add | dress Line | Two | | | | City | | State | Zip Code |
| 6 Progress Drive | | | | | | | | Cromwe | ell | | CT | 06457 |
| Business Phone | Extension | Fax | N | 1obile Pho | one E | Emergency | / Phone | Email A | ddress | | | |
| 860-632-0323 | | | 8 | 60-878-17 | 779 | 860-878- | -1779 | kathlee | n.champios | s@gm | iail.com | |
| Contact Role(s): | Administrativo | Contact | | | | | | | | | - | |

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | | Department of Quality Monit | | | | • | _ | | ection | | |
|-------------|--------------------------------|--------------------------------|------------------------|-------------|---------|--------|----------|----------|-----------|-------|--------------|
| DWC ID | PWS Name | Quality Monn | Joining and | | | | | | unar Tuna | Drin | 2011 COLLEGE |
| PWS ID | | | | ' | | | - | | | Prin | nary Source |
| CT012007 | | | Comica | Dasidanti | N | | 2 | | P | - al | GW |
| | ress (where applicable) | | Service Connections | Residenti | iai Co | mmerc | iai in | dustrial | Combin | ea / | Agricultural |
| | ON TURNPIKE | | Connections | | | 1 | | | | | |
| Towns Se | rved: BOLTON | | | | | | | | | | |
| | | Monit | oring Requ | uiremen | its | | | | | | |
| Water Sy | stem Facility: DISTRIBU | TION SYSTEM (WSF I | D: 00600) | | | | | | | | |
| Total Co | liform (3100) | | | | | | | 1 rc | outine (R | Г) ре | r quarter |
| Sam | pling Point (Sampling Point | ID) | | Monitorin | g Perio | od (| Collecti | on Perio | d Com | plian | ce Status |
| Seled | ct from Inventory of Active S | ampling Points | | 10/1/18 - 1 | 12/31/ | 18 | | | | Com | plete |
| | | | | 1/1/19 - 3 | 3/31/1 | 9 | | | | Com | plete |
| | | | | 4/1/19 - 6 | 5/30/1 | 9 | | | | | |
| | | | | 7/1/19 - 9 | 9/30/1 | 9 | | | | | |
| Physical | Parameters (PPS) | | | | | | | 1 rc | outine (R | Г) ре | r quarter |
| Sam | pling Point (Sampling Point | ID) | | Monitorin | g Perio | od (| Collecti | on Perio | d Com | plian | ce Status |
| Seled | ct from Inventory of Active S | ampling Points | | 10/1/18 - 1 | 12/31/ | 18 | | | | Com | plete |
| | | | | 1/1/19 - 3 | 3/31/1 | 9 | | | | Com | plete |
| | | | | 4/1/19 - 6 | 5/30/1 | 9 | | | | | |
| | | | | 7/1/19 - 9 | 9/30/1 | 9 | | | | | · |
| Water Sy | stem Facility: ENTRY PC | OINT (WSF ID: 00700) | | | | | | | | | |
| Nitrate A | And Nitrite (NOX) | | | | | | | | 1 routine | (RT) | per year |
| Sam | pling Point (Sampling Point | ID) | | Monitorin | g Perio | od (| Collecti | on Perio | d Com | plian | ce Status |
| ENT | RY POINT (3) | | | 1/1/18 - 1 | 2/31/1 | 18 | | | | Com | plete |
| | | | | 1/1/19 - 1 | 2/31/1 | 19 | | | | | · |
| | | | | 1/1/20 - 1 | 2/31/2 | 20 | | | | | |
| | Wa | ter System Facil | itv and Sar | mpling I | Point | t Inve | entor | v | | | |
| Water | | | , ama can | | | | otal | Lead an | d | | |
| System | Water System Facility | Sampling Point | Sampling Poi | int | | | liform | Coppei | | | Stage |
| Facility IE | | ID | Description | | Sta | | Rule | | | os W | QP 2 DBPR |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION | N SYSTEM | A | | Υ | | | | · |
| | | DOWNSTREAM | WITHIN 5 SER | RVICE CON | A | Α | | | | | |
| | | UPSTREAM | WITHIN 5 SER | RVICE CON | A | Α | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | | P | | | | | | |
| 20230 | WELL | 2 | WELL | | Α | | | | | | |
| | | | | mation | , | | | | | | |
| | | | tact Inform | nation | | | | | : | | |
| Name | | | rganization | | | | | | Job Titl | е | |
| | Jackopsic | | olton Mobil | | | | Ow | | | | |
| | ddress Line One | Mailing Addres | ss Line Two | | | | Cit | ty | State | Z | Zip Code |
| 129 Bosto | on Turnpike | | | | | Boltor | 1 | | СТ | | 06043 |

Emergency Phone Email Address

GARYSMOBILE@SBCGLOBAL.NET

860-429-8480

Mobile Phone

Business Phone

860-647-0689

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

860-649-6399

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| | Water Quarty Monne | or mig and | a don | ipmaniee i | Jeneau | | |
|------------------|--------------------|-------------|---------|----------------|--------------|------------|-----------------|
| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source |
| CT0120074 | BOLTON MOBIL | | | NC | 25 | Р | GW |
| Local Address (v | vhere applicable) | Service | Residen | tial Commerci | ial Industri | al Combine | ed Agricultural |
| 129 BOSTON TU | RNPIKE | Connections | | 1 | | | |
| Towns Served: I | BOLTON | | | | | | |

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | | Connecticut De | epartment o | f Public H | lealth | Drin | iking | Wa | ater | Se | ction | | |
|-------------|---|---------------------------|------------------|----------------|---------------|----------|---------|--------|---------|------|-------------------|--------------|--|
| | | Water Q | uality Moni | toring an | d Com | plia | nce S | che | edul | e | | | |
| PWS ID | | PWS Name | | | | Classifi | cation | Popu | lation | Owr | ner Type P | rimary Sourc | |
| CT012008 | 84 | BOLTON NOTCH PLAZA | | | | N | С | 2 | :5 | | Р | GW | |
| Local Add | dress (| where applicable) | | Service | Residen | tial Co | mmercia | ıl In | dustri | al | Combined | Agricultura | |
| 661 BOST | ON T | JRNPIKE (ROUTE 44) | | Connections | | | 1 | | | | | | |
| Towns Se | rved: | BOLTON | | | | | | | | | | | |
| | | | Monit | oring Requ | uireme | nts | | | | | | | |
| Water Sy | ystem | Facility: DISTRIBUTIO | N SYSTEM (WSF | ID: 00600) | | | | | | | | | |
| Total Co | olifor | m (3100) | | | | | | | 1 | rou | tine (RT) | per quarter | |
| Sam | pling | Point (Sampling Point ID) | | | Monitori | ng Perio | od Co | llecti | ion Pei | riod | Compli | iance Status | |
| Sele | ct fro | n Inventory of Active Sam | pling Points | | | | | Co | mplete | | | | |
| | | | | | 1/1/19 - | 3/31/1 | 9 | | | | Co | mplete | |
| | | | | | 4/1/19 - | 6/30/1 | 9 | | | | | | |
| | | | | | 7/1/19 - | 9/30/1 | 9 | | | | | | |
| Physical | l Para | meters (PPS) | | | | | | | 1 | rou | tine (RT) | per quarter | |
| | | Point (Sampling Point ID) | | | Monitori | | | llecti | ion Pei | riod | Compli | iance Status | |
| Sele | Select from Inventory of Active Sampling Poir | | | | 10/1/18 - | | | | | | | mplete | |
| | | | | | 1/1/19 - | | | | | | Co | mplete | |
| | | | | | 4/1/19 - | | | | | | | | |
| | | | | | 7/1/19 - | 9/30/1 | 9 | | | | | | |
| | , | Facility: ENTRY POIN | T (WSF ID: 00700 | | | | | | | | | | |
| | | Nitrite (NOX) | | | | | | | | | - | RT) per year | |
| | | Point (Sampling Point ID) | | | Monitori | | | llecti | ion Pei | riod | Compliance Status | | |
| ENTI | RY PO | INT (3) | | | 1/1/18 - | | | | | | Co | mplete | |
| | | | | | 1/1/19 - | | | | | | | | |
| | | | | | 1/1/20 - | | | | | | | | |
| | | Wate | r System Facil | ity and Sa | mpling | Point | t Invei | ntor | Y | | | | |
| Water | | | | | _ | | | | Lead | | | | |
| System | | er System Facility | Sampling Point | | int | | | form | | | A-bt | Stage | |
| Facility II | | TOLONI CVCTEA A | ID | Description | NI CVCTERA | Sta | tus | ıle | Kule | Her | Aspestos | WQP 2 DBP | |
| 00600 | DIST | RIBUTION SYSTEM | 4 | DISTRIBUTIO | | | | Y | | | | | |
| | | | DOWNSTREAM | | | | | | | | | | |
| 00700 | F | DV DOINT | UPSTREAM | WITHIN 5 SEI | | | | | | | | | |
| 00700 | | RY POINT | 3 | ENTRY POINT | | Α | | | | | | | |
| 20231 | WEI | L | 2 | WELL | | A | 4 | | | | | | |
| | | | Cor | ntact Infor | mation | | | | | | | | |
| Name | | | C |)rganization | | | | | | | Job Title | | |
| Ms. Louis | se C. E | ngland | N | /leadowbrook S | Shopping (| Center | | Ow | ner | | | | |

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Owner

Fax

860-649-5202

P.O. Box 9176

Business Phone

860-649-4349

State

City

Icengland@sbcglobal.net

Bolton

Emergency Phone Email Address

860-647-0410

Zip Code

06043

| C | onnectic | ut Depa | rtmer | nt of | Public 1 | Health | Drir | ıking | , Water | Section | l | |
|--------------------|-------------------------------|-----------|-----------|---------|---------------------------|-----------|----------------|---------|-------------|------------|-----|--------------|
| | Wat | ter Qua | lity M | onito | oring ar | nd Con | nplia | nce S | Schedul | le | | |
| PWS ID P | WS Name | | | | | | Classif | ication | Population | Owner Type | Pri | mary Source |
| CT0120084 B | OLTON NOTCH | PLAZA | | | | | N | IC | 25 | Р | | GW |
| Local Address (wh | ere applicable) | | | | Service | Resider | tial Commercia | | al Industri | al Combine | ed | Agricultural |
| 661 BOSTON TURN | 61 BOSTON TURNPIKE (ROUTE 44) | | | | | S | | 1 | | | | |
| Towns Served: BO | LTON | | | | | | , | | | | | |
| Name | | | | Org | ganization | | | | | Job Titl | e | |
| Mr. Wayne E. Eng | land | | | Во | Bolton Mountain View, LLC | | | | | | | |
| Mailing Address Li | ne One | | Mailing A | Address | Line Two | | | City | | State | | Zip Code |
| 81 Tumblebrook D | rive | | | | | | | Vernor | 1 | СТ | | 06066 |
| Business Phone | Extension | Fax | | Mobile | e Phone | Emergency | / Phone | Email A | Address | | | |
| 860-649-1320 | | 860-649-5 | 5202 | | | | | | | | | |
| Contact Role(s): L | egal Contact | | | | | | | | | | | |

Contact Role(s): Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Connecticut Department of Water Quality Monit | | | | _ | | | |
|---------------|---|---------|---------|-------|-------------|-------------|------------|----------------|
| PWS ID | PWS Name | | | Clas | ssification | Population | Owner Type | Primary Source |
| CT0120104 | BOLTON PROFESSIONAL BLDG | | | | NC | 25 | Р | GW |
| Local Address | (where applicable) | Service | Residen | ntial | Commerci | al Industri | al Combine | d Agricultural |

1

Connections

921 BOSTON TURNPIKE
Towns Served: BOLTON

00700

20233

ENTRY POINT

WELL

| Monito | oring Requiremen | ts | | | |
|-----------------|---|--|---|---------------------------------|--------------------------|
| SYSTEM (WSF I | D: 00600) | | | | |
| | | | | 1 rou | tine (RT) per quarter |
| | Monitoring | g Period | Collecti | ion Period | Compliance Status |
| ng Points | 10/1/18 - 1 | 2/31/18 | | | Complete |
| | 1/1/19 - 3 | /31/19 | | | Complete |
| | 4/1/19 - 6 | /30/19 | | | |
| | 7/1/19 - 9 | /30/19 | | | |
| | | | | 1 rou | tine (RT) per quarter |
| | Monitoring | g Period | Collecti | ion Period | Compliance Status |
| ng Points | 10/1/18 - 1 | 2/31/18 | | | Complete |
| | 1/1/19 - 3 | /31/19 | | | Complete |
| | 4/1/19 - 6 | /30/19 | | | |
| | 7/1/19 - 9 | /30/19 | | | |
| (WSF ID: 00700) | | | | | |
| | | | | 1 | routine (RT) per year |
| | Monitoring | Period | Collecti | ion Period | Compliance Status |
| | 1/1/18 - 12 | 2/31/18 | | | Complete |
| | 1/1/19 - 12 | 2/31/19 | | | |
| | 1/1/20 - 12 | 2/31/20 | | | |
| 20233) | | | | | |
| | | | | 1 rou | tine (RT) per quarter |
| | Monitoring | Period | Collecti | | Compliance Status |
| | 10/1/18 - 1 | 2/31/18 | | | Complete |
| | | | | | Complete |
| | 4/1/19 - 6 | /30/19 | | | |
| | 7/1/19 - 9 | /30/19 | | | |
| System Facili | | | rventor | ʹϒ | |
| - | , , | | Total | Lead and | |
| Sampling Point | Sampling Point | | Coliform | Copper | Stage |
| ID | Description | Status | Rule | Rule Tier | Asbestos WQP 2 DBPR |
| 4 | DISTRIBUTION SYSTEM | Α | Υ | | |
| DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | |
| UPSTREAM | WITHIN 5 SERVICE CON | Α | | | |
| | ng Points (WSF ID: 00700) System Facili Sampling Point ID 4 DOWNSTREAM | Monitoring Mon | Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 (WSF ID: 00700) Monitoring Period 1/1/18 - 12/31/18 1/1/19 - 12/31/18 1/1/19 - 12/31/19 1/1/20 - 12/31/20 20233) Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 System Facility and Sampling Point Ir Sampling Point Sampling Point Ir Sampling Point Description Status 4 DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A | Monitoring Period Collections | SYSTEM (WSF ID: 00600) |

| 60382 TREATMENT PLANT | | | | | | |
|--------------------------|--------------|------------------------------|--------|-------|-----------|----------|
| | Co | ontact Information | | | | |
| Name | | Organization | | | Job Title | ! |
| Dr. Ronald Buckman | | Bolton Professional Building | | Owner | | |
| Mailing Address Line One | Mailing Addr | ress Line Two | | City | State | Zip Code |
| 024 Baston Tumpsiles | | | Dalkan | | СТ | 00042 |

ENTRY POINT

WELL

Α

Α

3

2

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| | Connectic | ut Depai | rtment of | Public 1 | Health | Drii | nking | , Water | Section | |
|------------------|----------------|-------------|----------------|--------------|-----------|-------------|------------|-----------------|--------------|----------------|
| | Wat | ter Qual | ity Monito | oring ar | nd Con | nplia | nce S | Schedul | e | |
| PWS ID | PWS Name | | | | | Classif | ication | Population | Owner Type | Primary Source |
| CT0120104 | BOLTON PROFES | SIONAL BLD | G | | | N | 1C | 25 | Р | GW |
| Local Address (w | | Service | Residen | tial Commerc | | al Industri | al Combine | ed Agricultural | | |
| 921 BOSTON TUI | RNPIKE | | | Connection | S | | 1 | | | |
| Towns Served: B | OLTON | | | | | , | | | , | |
| ast Roston Intu | ріке | | | | | | Boiton | | CI | 06043 |
| Business Phon | e Extension | Fax | Mobile | e Phone | Emergency | / Phone | Email A | Address | | |
| 860-646-0649 | | 860-643-7 | 719 | | | | officen | nanager@fa | milyandsport | smedicine.com |
| Contact Polo(s): | Administrativo | Contact Log | al Contact Own | 0 r | | | | | | |

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Connecticut De | partment of | Public Health | n Drin | king V | Vater Se | ection | |
|---------------------------------------|-------------------------------|-----------------|---------------------|------------|----------|--------------|------------|---------------|
| | Water Q | uality Monit | oring and Cor | nplia | nce Scl | nedule | | |
| PWS ID | PWS Name | <i>-</i> | 0 | _ | | | ner Type P | rimary Source |
| CT0120114 | BOLTON TOWN HALL | | | N | С | 25 | L | GW |
| Local Addre | ss (where applicable) | | Service Reside | ntial Co | mmercial | Industrial | Combined | Agricultura |
| 222 BOLTON | N CENTER ROAD | | Connections | | 1 | | | |
| Towns Serve | ed: BOLTON | | | | | | | |
| | | Monite | oring Requireme | ents | | | | |
| Water Syst | em Facility: DISTRIBUTIO | N SYSTEM (WSF I | D: 00600) | | | | | |
| Total Colif | orm (3100) | | | | | 1 ro | utine (RT) | per quarter |
| Sampli | ng Point (Sampling Point ID) | | Monito | ring Perio | od Colle | ction Period | Compl | iance Status |
| Select | from Inventory of Active Samp | oling Points | 10/1/18 | - 12/31/ | 18 | | Co | mplete |
| | | | 1/1/19 | - 3/31/1 | 9 | | Co | mplete |
| | | | 4/1/19 | - 6/30/1 | 9 | | | |
| | | | 7/1/19 | - 9/30/1 | 9 | | | |
| Physical P | arameters (PPS) | | | | | 1 ro | utine (RT) | per quarter |
| Sampli | ng Point (Sampling Point ID) | | Monito | ring Perio | od Colle | ction Period | Compl | iance Status |
| Select | from Inventory of Active Samp | oling Points | 10/1/18 | - 12/31/ | 18 | | Co | mplete |
| | | | | - 3/31/1 | | | Co | mplete |
| | | | | - 6/30/1 | | | | |
| | | | 7/1/19 | - 9/30/1 | 9 | | | |
| | em Facility: ENTRY POINT | (WSF ID: 00700) | | | | | | |
| | d Nitrite (NOX) | | | | | | - | RT) per year |
| | ing Point (Sampling Point ID) | | | ring Perio | | ction Period | | iance Status |
| ENTRY | POINT (3) | | | - 12/31/1 | | | Co | mplete |
| | | | | - 12/31/1 | | | | |
| | | | | - 12/31/2 | | | | |
| | Wate | r System Facili | ity and Sampling | g Point | Invent | ory | | |
| Water | | | | | | Lead and | 1 | |
| - | Vater System Facility | | Sampling Point | | _ | m Copper | | Stage |
| Facility ID | | ID | Description | Sta | | Rule Tiei | Asbestos | WQP 2 DBP |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | | | | | |
| | | | WITHIN 5 SERVICE CC | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CO | | | | | |
| | NTRY POINT | 3 | ENTRY POINT | Α | | | | |
| 20234 V | VELL | 2 | WELL | Α | ١ | | | |
| | | Con | tact Information | n | | | | |
| Name | | 0 | rganization | | | | Job Title | |
| Ms. Joyce S | tille | To | own of Bolton | | Т | own Admini | strator | |
| Mailing Add | ress Line One | Mailing Addres | s Line Two | | | City | State | Zip Code |
| · · · · · · · · · · · · · · · · · · · | | | | | 1 | | | |

Mobile Phone

Bolton

joyce.stille@boltonct.org

Emergency Phone Email Address

860-213-9012

06043

222 Bolton Center Road

Contact Role(s): Legal Contact

Extension

115

Fax

860-643-0021

Business Phone

860-649-8066

| (| Connectic | ut Depa | rtme | nt of | Public | Health | Dri | nking | g Water | Section | | | |
|-------------------|--------------------|----------|---------|---------|-------------|-----------|----------------|----------|-------------------------------|------------|---------------|--|--|
| | Wat | ter Qua | lity M | onit | oring a | nd Con | nplia | nce S | Schedul | le | | | |
| PWS ID F | WS Name | | | | | | Classif | fication | Population | Owner Type | Primary Sour | | |
| CT0120114 E | BOLTON TOWN | HALL | | | | | ı | 1C | 25 | L | GW | | |
| Local Address (wh | ere applicable) | | | | Service | Resider | esidential Con | | al Industri | al Combine | ed Agricultur | | |
| 222 BOLTON CEN | TER ROAD | | | | Connection | ıs | | 1 | | | | | |
| Towns Served: BC | LTON | | | | | , | ' | | ' | 1 | | | |
| Name | | | | Or | ganization | | | | | Job Titl | e | | |
| Mr. John Butrymo | ovich | | | To | wn of Bolto | n | | | Sup. Bldg | s. & Grds. | | | |
| Mailing Address L | ine One | | Mailing | Address | Line Two | | | | City | State | Zip Code | | |
| 222 Bolton Center | r Road | | | | | | | Bolton | | СТ | 06043 | | |
| Business Phone | Extension | Fax | | Mobile | e Phone | Emergency | / Phone | Email A | Address | | | | |
| 860-649-8066 | | 860-643- | 0021 | | | 860-649 | -8066 | john.b | john.butrymovich@boltonct.org | | | | |
| Contact Role(s): | Administrative | Contact | | | | | | | | | | | |

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source |
|----------------------------------|------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0120154 | FISH FAMILY FARM | | | | NC | 41 | Р | GW |
| Local Address (where applicable) | | Service | Resider | ntial | Commercia | al Industri | al Combine | ed Agricultural |
| 20 DIMOCK LAI | NE | Connections | | | | | 3 | |

| Monitoring Requirements | | | | | | | | | |
|--|--------------------------|--------------------------|----------------------|--|--|--|--|--|--|
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID | : 00600) | | | | | | | | |
| Total Coliform (3100) | | 1 rou | tine (RT) per month | | | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | | | | |
| Select from Inventory of Active Sampling Points | 5/1/19 - 5/31/19 | | | | | | | | |
| | 6/1/19 - 6/30/19 | | | | | | | | |
| | 7/1/19 - 7/31/19 | | | | | | | | |
| | 8/1/19 - 8/31/19 | | | | | | | | |
| | 9/1/19 - 9/30/19 | | | | | | | | |
| | 10/1/19 - 10/31/19 | | | | | | | | |
| Physical Parameters (PPS) | | 1 routine (RT) per month | | | | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | | | | |
| DISTRIBUTION SYSTEM (4) | 5/1/19 - 5/31/19 | | | | | | | | |
| | 6/1/19 - 6/30/19 | | | | | | | | |
| | 7/1/19 - 7/31/19 | | | | | | | | |
| | 8/1/19 - 8/31/19 | | | | | | | | |
| | 9/1/19 - 9/30/19 | | | | | | | | |
| | 10/1/19 - 10/31/19 | 10/1-10/30 | | | | | | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | | | | | | | |
| Nitrate And Nitrite (NOX) | | 1 re | outine (RT) per year | | | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | | | | |
| ENTRY POINT (3) | 1/1/18 - 12/31/18 | | Complete | | | | | | |
| | 1/1/19 - 12/31/19 | | | | | | | | |
| | 1/1/20 - 12/31/20 | | | | | | | | |
| Other Co | mpliance Schedules | | | | | | | | |
| Committee of Colombial Astinity | 5 5 . | | | | | | | | |

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------|------------|---------------|
| L1 ASSESSMENT FORM SUBMITTAL | 10/18/2018 | |
| L1 ASSESSMENT (MULTIPLE TC+) | 10/18/2018 | |

| Public Notification Requirements | | | | | | | | | | | |
|---|--------------------|--------|------------|-------------------|------------|-----------------|--|--|--|--|--|
| | Compliance | Notice | Public No | <u>tification</u> | PN Certi | <u>fication</u> | | | | | |
| Violation/Situation | Period | Tier | Required | Performed | Due to DPH | Received | | | | | |
| REVISED TOTAL COLIFORM RULE (RTCR) TT Violation | 10/19/18 - | 2 | 1/6/2019 | | 1/16/2019 | | | | | | |
| E. Coli M&R Violation | 9/18/18 - 9/24/18 | 3 | 11/16/2019 | | 11/26/2019 | | | | | | |
| E. Coli M&R Violation | 9/18/18 - 9/24/18 | 3 | 11/16/2019 | | 11/26/2019 | | | | | | |
| Total Coliform M&R Violation | 10/1/18 - 10/31/18 | 3 | 12/28/2019 | | 1/7/2020 | | | | | | |
| Physical Parameters M&R Violation | 10/1/18 - 10/31/18 | 3 | 2/28/2020 | | 3/9/2020 | | | | | | |

| | Water System Facility and Sampling Point Inventory | | | | | | | | | | | |
|-------------|--|----------------|---------------------|--------|----------|-----------|----------|-----|--------|--|--|--|
| Water | | | | | Total | Lead and | | | | | | |
| System | Water System Facility | Sampling Point | Sampling Point | | Coliform | Copper | | | Stage | | | |
| Facility ID |) | ID | Description | Status | Rule | Rule Tier | Asbestos | WQP | 2 DBPR | | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | | | | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| PWS ID | PWS Name | | | | Clas | sification | Population | Owner Type | Primary Source |
|------------------|-------------------|--|-------------|---------|-------|------------|------------|------------|-----------------|
| CT0120154 | FISH FAMILY FARM | | | | | NC | 41 | Р | GW |
| Local Address (v | where applicable) | | Service | Residen | itial | Commercia | Industria | al Combine | ed Agricultural |
| 20 DIMOCK LAN | NE | | Connections | | | | | 3 | |

| | Water System Facility and Sampling Point Inventory | | | | | | | | | | | |
|-----------------|--|----------|----------------------|--------|-------------------|-----------|----------|-----|--------|--|--|--|
| Water System | Water System Facility | , , | Sampling Point | | Total Coliform | | _ | | Stage | | | |
| Facility ID | | ID | Description | Status | Rule | Rule Tier | Asbestos | WQP | 2 DBPR | | | |
| | | | WITHIN 5 SERVICE CON | A | | | | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | | | | |
| 20238 | WELL | 2 | WELL | Α | | | | | | | | |

| Contact Information | | | | | | | | | | | |
|---------------------------------------|-----------|-----------|------|-------|-----------------------|-----------------|---------------------|-------|-------|----------|--|
| Name | | | | | Organization | 1 | Job Title | | | | |
| Mr. Donald W. Fish | | | | | Fish Family Farm Inc. | | | Owner | | | |
| Mailing Address Line One Mailing Addr | | | | Addre | ess Line Two | | | City | State | Zip Code | |
| 10 Dimock Lane | | | | | | | Bolton | | СТ | 06043 | |
| Business Phone | Extension | Fax | | Мо | bile Phone | Emergency Phone | Email Address | | | | |
| 860-646-9745 | | 860-870-8 | 3337 | | | | fishrealty@snet.net | | | | |

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Connecticut Department | t of Public H | Iealth D |)rinki | ng V | Water S | Section | | |
|---|---------------------------------------|----------------|-------------------|--------------|--------------|--------------|--------------------------|-------------------|--|
| | Water Quality Mo | nitoring an | d Comp | oliance | e Sc | chedule | | | |
| PWS ID | PWS Name | | C | lassificatio | on Po | opulation C | wner Type Pi | rimary Source | |
| СТ0120174 | GEORGINAS PIZZA | | | NC | | 25 | Р | GW | |
| Local Address (v | where applicable) | Service | Residentia | I Comme | ercial | Industrial | Combined | Agricultura | |
| 275 BOSTON TU | JRNPIKE | Connections | | 1 | | | | | |
| Towns Served: I | BOLTON | · | | | | | · | | |
| | Mo | nitoring Requ | uirement | is | | | | | |
| Water System | Facility: DISTRIBUTION SYSTEM (W | /SF ID: 00600) | | | | | | | |
| Total Coliforn | n (3100) | | | | | 1 r | outine (RT) | per quarter | |
| Sampling I | Point (Sampling Point ID) | | Monitoring | Period | Coll | ection Perio | od Compli | ance Status | |
| Select from | n Inventory of Active Sampling Points | | 10/1/18 - 12 | 2/31/18 | | | Со | mplete | |
| | | | 1/1/19 - 3/ | /31/19 | Со | Complete | | | |
| | | | 4/1/19 - 6/ | | | | | | |
| | | | 7/1/19 - 9/ | | | | | | |
| Physical Para | meters (PPS) | | | | | 1 r | outine (RT) | per quarter | |
| Sampling I | Point (Sampling Point ID) | | Monitoring | Period | Coll | ection Perio | od Compli | ance Status | |
| Select from Inventory of Active Sampling Points | | | 10/1/18 - 12 | 2/31/18 | | | Co | mplete | |
| | | | 1/1/19 - 3/ | /31/19 | | | Co | mplete | |
| | | | 4/1/19 - 6/ | /30/19 | | | | | |
| | | | 7/1/19 - 9/ | /30/19 | | | | | |
| Water System | Facility: ENTRY POINT (WSF ID: 00 | 700) | | | | | | | |
| Nitrate (1040 | 0) | | | | | 1 r | outine (RT) | per quarter | |
| Sampling I | Point (Sampling Point ID) | | Monitoring | Period | Coll | ection Perio | od Compli | Compliance Status | |
| ENTRY POI | NT (3) | | 10/1/18 - 12 | 2/31/18 | | | Co | Complete | |
| | | | 1/1/19 - 3/ | /31/19 | | | Co | mplete | |
| | | | 4/1/19 - 6/ | /30/19 | | | | | |
| | | | 7/1/19 - 9/ | /30/19 | | | | | |
| Nitrate And N | litrite (NOX) | | | | | | 1 routine (R | T) per year | |
| Sampling I | Point (Sampling Point ID) | | Monitoring | Coll | ection Perio | od Compli | ance Status | | |
| ENTRY POI | NT (3) | | 1/1/18 - 12/31/18 | | | | Co | mplete | |
| | | | 1/1/19 - 12/31/19 | | | | | | |
| | | | 1/1/20 - 12 | /31/20 | | | | | |
| | Othe | er Compliance | Schedu | les | | | | | |
| Compliance Sch | edule Activity | | Du | e Date | | Achieve | ed Date | | |
| CROSS CONNEC | TION SURVEY REPORT | | 3/2 | 1/2012 | | | | | |
| CROSS CONNEC | TION SURVEY REPORT | | 3/2 | 1/2014 | | | | | |
| CROSS CONNEC | TION SURVEY REPORT | | 3/2 | 1/2015 | | | | | |
| | | | | | | | | | |

| | Water System Facility and Sampling Point Inventory | | | | | | | | | | | | |
|--------------------------------|--|----------------------|----------------------------|--------|---------------------------|---------------------------------|----------|--|-----------------|--|--|--|--|
| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | | Stage 2 DBPR | | | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | | | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | | | | | |
| 20240 | WELL | 2 | WELL | Α | | | | | | | | | |

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |
| |

| PWS ID | PWS Name | | | Classific | cation P | opulation | Owner Type | Primary Source |
|------------------|-----------------|---------|-----------|-----------|-----------|------------|-----------------|----------------|
| CT0120174 | GEORGINAS PIZZA | | | NO | С | 25 | Р | GW |
| Local Address (v | Service | Residen | itial Cor | mmercial | Industria | al Combine | ed Agricultural | |
| 275 BOSTON TU | Connections | | | 1 | | | | |

| Contact Information | | | | | | | | | | | |
|------------------------------|-------|--------------|-----------------|---------------|-----------------|-----------|--------|----------|-------|--|--|
| Name | | | | Organization | l | Job Title | | | | | |
| Mr. George Koutou | zis | Georgina's P | izza Restaurant | Owner | | | | | | | |
| Mailing Address Lin | e One | | Mailing Add | ress Line Two | | City | State | Zip Code | | | |
| 275 Boston Turnpik | e | | | | | Bolton | | СТ | 06043 | | |
| Business Phone Extension Fax | | | Me | obile Phone | Emergency Phone | Email Ad | ddress | | | | |
| 860-647-0345 | | | | | | | | | | | |

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Connecticut De | enartment of | Public Healt | h Dri | nking | Wate | r Se | ection | |
|----------------------------------|-----------------------------|-------------------|---------------------|-----------|----------|------------|-------|----------------|-----------------|
| | | • | coring and Co | | Ŭ | | | ,ction | |
| PWS ID | PWS Name | dancy Monie | oring and do | _ | | | | ner Type | Primary Source |
| CT0120184 | HERRICK PARK | | | | NC . | 29 | | P | GW |
| | s (where applicable) | | Service Reside | | ommercia | | rial | Combine | |
| 29 HEBRON R | | | Connections | zirciai C | 1 | maase | | Combine | a / Maricantara |
| Towns Served | | | | | | | | | |
| | | Monito | oring Requirem | ents | | | | | |
| Water Syste | m Facility: DISTRIBUTIO | N SYSTEM (WSF I | | | | | | | |
| Total Colifo | | • | , | | | | 1 roı | utine (RT | per quarter |
| | g Point (Sampling Point ID) | | Monito | oring Per | iod Co | llection P | | - - | liance Status |
| | om Inventory of Active Sam | oling Points | | 3 - 12/31 | | | | | Complete |
| | , | | | 9 - 3/31/ | | | | | Complete |
| | | | | 9 - 6/30/ | | | | | • |
| | | | | 9 - 9/30/ | | | | | |
| Physical Pa | rameters (PPS) | | | | | | 1 rou | itine (RT | per quarter |
| - | g Point (Sampling Point ID) | | Monito | ring Per | iod Co | llection P | | = | liance Status |
| Select fr | om Inventory of Active Sam | oling Points | 10/1/18 | 3 - 12/31 | /18 | | | C | Complete |
| | | | 1/1/19 | 9 - 3/31/ | 19 | | | C | Complete |
| | | | 4/1/19 | 9 - 6/30/ | 19 | | | | |
| | | | 7/1/19 | 9 - 9/30/ | 19 | | | | |
| Water Syste | m Facility: ENTRY POIN | r (WSF ID: 00700) | | | | | | | |
| Nitrate And | Nitrite (NOX) | | | | | | 1 | routine | RT) per year |
| Samplin | g Point (Sampling Point ID) | | Monito | oring Per | iod Co | llection P | eriod | Comp | liance Status |
| ENTRY P | OINT (3) | | 1/1/18 | - 12/31/ | /18 | | | C | Complete |
| | | | 1/1/19 | - 12/31/ | /19 | | | | |
| | | | 1/1/20 | - 12/31, | /20 | | | | |
| | Wate | r System Facili | ity and Samplin | g Poin | nt Inven | torv | | | |
| Water | | | ·, · · · · · | 0 | Tot | | d and | | |
| | ater System Facility | Sampling Point | Sampling Point | | Colife | | pper | | Stage |
| Facility ID | | ID | Description | St | atus Ru | _ | - | Asbesto | S WQP 2 DBP |
| 00600 DI | STRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTE | M | A Y | , | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CO | ON | Α | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CO | ON | Α | | | | |
| 00700 EN | ITRY POINT | 3 | ENTRY POINT | | Α | | | | |
| 20241 W | ELL | 2 | WELL | | Α | | | | |
| | | Con | tact Informatio | n | | | | | |
| Name | | 0 | rganization | | | | | Job Title | |
| | llo | | own of Bolton | | | Town Ad | dmini | | |
| Ms. Joyce Sti | iie | | | | | | | | |
| Ms. Joyce Still Mailing Addre | | Mailing Addres | | | | City | | State | Zip Code |

Emergency Phone Email Address

joyce.stille@boltonct.org

860-213-9012

Mobile Phone

Business Phone

860-649-8066

Contact Role(s): Legal Contact

Extension

115

Fax

860-643-0021

| | Lonnectic | ut Depa | irtme | nt of | Public | Health | ı Drii | nking | , water | Section | |
|-------------------|---|----------|------------|---------|--------------|--------------|----------|---------|-------------|--------------|-----------------|
| | Wa | ter Qua | lity M | Ionito | oring a | nd Con | nplia | nce S | Schedul | le | |
| PWS ID | PWS Name | | | | | | Classif | ication | Population | Owner Type | Primary Source |
| CT0120184 | HERRICK PARK | | | | | | N | IC | 29 | Р | GW |
| Local Address (w | cal Address (where applicable) Service | | | | | | ntial Co | mmerci | al Industri | al Combin | ed Agricultural |
| 29 HEBRON ROAI | D | | Connection | S | | 1 | | | | | |
| Towns Served: Bo | OLTON | | | | | , | , | | | | |
| Name | | | | Or | ganization | | | | | Job Titl | e |
| Mr. John Butrym | ovich | | | To | wn of Boltoi | า | | | Sup. Bldg | s. & Grds. | |
| Mailing Address I | Line One | | Mailing | Address | Line Two | | | | City | State | Zip Code |
| 222 Bolton Cente | er Road | | | | | | | Bolton | | СТ | 06043 |
| Business Phone | Mobile | e Phone | Emergency | y Phone | Email A | nail Address | | | | | |
| 860-649-8066 | | 860-643- | 0021 | | | 860-649 | -8066 | john.bı | utrymovich(| @boltonct.or | 8 |
| Contact Role(s): | Administrative | Contact | | | | | | • | | | |

Constant Description of CD Islands Date Islands Manager

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source |
|-----------------|------------------------------|-------------|-------|-----------|-------------|------------|-----------------|----------------|
| CT0120294 | SAINT MAURICE CHURCH WELL# 2 | | | | NC | 37 | Р | GW |
| Local Address (| Service | Resider | ntial | Commercia | al Industri | al Combine | ed Agricultural | |
| 32 HEBRON RO | AD | Connections | | | 2 | | | |

Towns Served: BOLTON

| Monitoring Requirements | | | | | | | | | | | |
|--|----------------|--------------|---------|-------------------------|-------------------------|--|--|--|--|--|--|
| Water System Facility: DISTRIBUTION SYSTEM (| WSF ID: 00600) | | | | | | | | | | |
| Total Coliform (3100) | | | | 1 re | outine (RT) per quarter | | | | | | |
| Sampling Point (Sampling Point ID) | | Monitoring | Period | Collection Perio | d Compliance Status | | | | | | |
| Select from Inventory of Active Sampling Points | | 10/1/18 - 12 | 2/31/18 | | Complete | | | | | | |
| | | 1/1/19 - 3/ | /31/19 | | Complete | | | | | | |
| | | 4/1/19 - 6/ | /30/19 | | | | | | | | |
| | | 7/1/19 - 9/ | /30/19 | | | | | | | | |
| Physical Parameters (PPS) 1 routine (RT) per quarter | | | | | | | | | | | |
| Sampling Point (Sampling Point ID) | | Monitoring | Period | Collection Perio | d Compliance Status | | | | | | |
| Select from Inventory of Active Sampling Points | | 10/1/18 - 12 | 2/31/18 | | Complete | | | | | | |
| | | 1/1/19 - 3/ | /31/19 | | Complete | | | | | | |
| | | 4/1/19 - 6/ | /30/19 | | | | | | | | |
| | | 7/1/19 - 9/ | /30/19 | | | | | | | | |
| Water System Facility: ENTRY POINT (WSF ID: 0 | 0700) | | | | | | | | | | |
| Nitrate And Nitrite (NOX) | | | | | 1 routine (RT) per year | | | | | | |
| Sampling Point (Sampling Point ID) | | Monitoring | Period | Collection Perio | d Compliance Status | | | | | | |
| ENTRY POINT (3) | | 1/1/18 - 12 | /31/18 | | Complete | | | | | | |
| | | 1/1/19 - 12 | /31/19 | | | | | | | | |
| | | 1/1/20 - 12 | /31/20 | | | | | | | | |
| Public Notification Requirements | | | | | | | | | | | |
| | Compliance | Notice | Publi | c Notification | PN Certification | | | | | | |

| Public Notification Requirements | | | | | | | | | |
|----------------------------------|--|------|-----------|-----------|------------|-----------|--|--|--|
| | Compliance Notice <u>Public Notification</u> <u>PN Certification</u> | | | | | | | | |
| Violation/Situation | Period | Tier | Required | Performed | Due to DPH | Received | | | |
| Total Coliform M&R Violation | 10/1/18 - 12/31/18 | 3 | 3/12/2020 | 3/19/2019 | 3/22/2020 | 3/19/2019 | | | |

| | W | ater System Facili | ty and Sampling P | oint In | iventoi | ry | | | |
|--------------------------------|-----------------------|----------------------|----------------------------|--------------------|---------------------------|----------|----------|--------|-----------------|
| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | <i>c.</i> . | Total Coliform Rule | | Asbestos | | Stage 2 DRPR |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | <u>Status</u> A | Y | Nuie Hei | ASSESTOS | 110, 2 | _ DDI N |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | |
| 20252 | WELL | 2 | WELL #2 | Α | | | | | |
| 55561 | TREATMENT SYSTEM | | | | | | | | |
| 55563 | BLADDER TANK WX-251 | | | | | | | | |

| Contact Information | | | | | | | | | | | |
|---------------------|-----------|-----|-------------|----------------|-----------------|---------------|-------|----------|-------|--|--|
| Name | | | | Organization | | Job Title | | | | | |
| Father Leon Susaim | nanickam | | | Saint Maurice | e Church | Rev Father | | | | | |
| Mailing Address Lin | e One | | Mailing Add | dress Line Two | | City | State | Zip Code | | | |
| 32 Hebron Road | | | | | | Bolton | | СТ | 06043 | | |
| Business Phone | Extension | Fax | N | Mobile Phone | Emergency Phone | Email Address | | | | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| Connecticut Department of Public Health Drinking Water Section | | | | | | | | | | | |
|--|--------------------|----------------------|-------------|---------|------------------------|------|------------|------------|-----------------|--|--|
| Water Quality Monitoring and Compliance Schedule | | | | | | | | | | | |
| PWS ID | PWS Name | | | | Classifica | tion | Population | Owner Type | Primary Source | | |
| CT0120294 | SAINT MAURICE | | NC | | 37 | Р | GW | | | | |
| Local Address | (where applicable) | | Service | Residen | tial Commercial Indust | | l Industri | al Combine | ed Agricultural | | |
| 32 HEBRON R | DAD | | Connections | | | 2 | | | | | |
| Towns Served: BOLTON | | | | | | | | | | | |
| 860-643-4466 saintmauricechurchbolton@gmail.com | | | | | | | | | | | |
| Contact Role(s | a): Administrative | Contact, Legal Conta | act. Owner | | | | | · | | | |

Please note the following:

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- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Connecticut I | Department of | Public Health D | rinki | ng Wa | ater Se | ction | |
|-----------------|--------------------------------|---------------------|----------------------|-------------|-----------|------------|------------|----------------|
| | | • | oring and Comp | | | | | |
| PWS ID | PWS Name | Quality 1101110 | | lassificati | | | ner Type F | Primary Source |
| CT012035 | 4 THREE JS CAFE | | | NC | | 25 | Р | GW |
| Local Add | ress (where applicable) | | Service Residentia | I Comm | ercial In | ndustrial | Combined | l Agricultural |
| | ON TURNPIKE | | Connections | 1 | | | | |
| Towns Sei | rved: BOLTON | | | | I | | | |
| | | Monito | oring Requirement | ts | | | | |
| Water Sy | stem Facility: DISTRIBU | TION SYSTEM (WSF II | D: 00600) | | | | | |
| Total Co | liform (3100) | | | | | 1 rou | tine (RT) | per quarter |
| Sam | pling Point (Sampling Point I | (D) | Monitoring | Period | Collecti | ion Period | Compl | iance Status |
| Selec | ct from Inventory of Active Sa | ampling Points | 10/1/18 - 12 | 2/31/18 | | | C | omplete |
| | | | 1/1/19 - 3/ | /31/19 | | | C | omplete |
| | | | 4/1/19 - 6, | /30/19 | | | | |
| | | | 7/1/19 - 9/ | /30/19 | | | | |
| Physical | Parameters (PPS) | | | | | 1 rou | tine (RT) | per quarter |
| Sam | pling Point (Sampling Point I | (D) | Monitoring | Period | Collecti | ion Period | Compl | iance Status |
| Selec | ct from Inventory of Active Sa | ampling Points | 10/1/18 - 12 | | | | | omplete |
| | | | 1/1/19 - 3/ | | | | C | omplete |
| | | | 4/1/19 - 6/ | | | | | |
| | | | 7/1/19 - 9/ | /30/19 | | | | |
| Water Sy | stem Facility: ENTRY PO | INT (WSF ID: 00700) | | | | | | |
| Nitrate A | And Nitrite (NOX) | | | | | 1 | _ | RT) per year |
| Samj | pling Point (Sampling Point I | (D) | Monitoring | Period | Collecti | ion Period | Compl | iance Status |
| ENTF | RY POINT (3) | | 1/1/18 - 12 | | | | C | omplete |
| | | | 1/1/19 - 12 | | | | C | omplete |
| | | | 1/1/20 - 12 | /31/20 | | | | |
| | Wa | ter System Facili | ty and Sampling P | oint In | ventor | ry | | |
| Water | | | | | Total | Lead and | | |
| System | Water System Facility | Sampling Point | | | Coliform | Copper | | Stage |
| Facility ID | | ID | Description | Status | Rule | Rule Tier | Asbestos | WQP 2 DBPR |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | |
| | | | WITHIN 5 SERVICE CON | Α | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | |
| 20258 | WELL | 2 | WELL | Α | | | | |
| 55694 | PRESSURE STORAGE | | | | | | | |
| | | Con | tact Information | | | | | |
| Name | | Or | rganization | | | | Job Title | |
| Mr. Christ | topher Morianos | | | | | | | |
| Mailing A | ddress Line One | Mailing Address | s Line Two | | Ci | ty | State | Zip Code |
| 124 Bosto | n Turnpike | | | Bol | lton | | СТ | 06043 |
| B . | 51 5 | | | _ | 10 A 1 I | | | |

Emergency Phone Email Address

musky@snet.net

860-983-8924

Mobile Phone

Business Phone

860-649-4684

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

860-649-4684

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| Water Quarty Fromtering and compilative seneuale | | | | | | | | | |
|--|----------------------------------|-------------|-------------|---------------|------------|-----------------------|------------|-----------------|--|
| PWS ID | PWS Name | Clas | ssification | Population | Owner Type | Primary Source | | | |
| CT0120354 | THREE JS CAFE | | NC | 25 | Р | GW | | | |
| Local Address (| Local Address (where applicable) | | | ntial Commerc | | al Industri | al Combine | ed Agricultural | |
| 124 BOSTON TURNPIKE | | Connections | | | 1 | | | | |
| Tarrina Camiradi. | DOLTON | • | | | | | | | |

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Connecticut Department of Public Health Drinking Water Section | | | | | | | | | |
|--|--|------------------------------------|-------|------------|-------------|----------------|-----------------|--|--|--|
| Water Quality Monitoring and Compliance Schedule | | | | | | | | | | |
| PWS ID | PWS Name | Classification | | Population | Owner Type | Primary Source | | | | |
| CT0120374 | UNITED METHODIST CHURCH | UNITED METHODIST CHURCH NC 35 P GW | | | | | | | | |
| Local Address | Service | Residen | itial | Commerci | al Industri | al Combine | ed Agricultural | | | |

| Local Address | s (where app | licable) | | | Service | Residentia | I Co | mmercial | Industrial | Combined | Agricultural |
|---|--------------|----------------------|-----------|--------|---------------|--------------|-------|-----------|------------------|---------------------|------------------|
| 1041 BOSTON | N TURNPIKE | | | | Connections | | | 1 | | | |
| Towns Served | : BOLTON | | | | | | · | | | | |
| | | | М | onito | oring Requ | iirement | ts | | | | |
| Water Syste | m Facility: | DISTRIBUTION S | YSTEM (| WSF II | D: 00600) | | | | | | |
| Total Colifo | rm (3100) | | | | | | | | 1 rc | outine (RT) | per quarter |
| | • • | pling Point ID) | | | | Monitoring | Perio | od Col | lection Perio | | ance Status |
| Select fr | om Inventory | y of Active Sampling | g Points | | | 10/1/18 - 12 | 2/31/ | 18 | | Co | mplete |
| | | | | | | 1/1/19 - 3/ | /31/1 | 9 | | Co | mplete |
| | | | | | | 4/1/19 - 6/ | /30/1 | 9 | | | |
| | | | | | | 7/1/19 - 9/ | /30/1 | 9 | | | |
| Physical Pa | rameters (| PPS) | | | | | | | 1 rc | outine (RT) | per quarter |
| Samplin | g Point (Sam | pling Point ID) | | | | Monitoring | Perio | od Col | lection Perio | d Compli | ance Status |
| Select from Inventory of Active Sampling Po | | | | | | 10/1/18 - 12 | 2/31/ | 18 | | Co | mplete |
| | | | | | | 1/1/19 - 3/ | /31/1 | 9 | | Co | mplete |
| | | | | | | 4/1/19 - 6/ | /30/1 | 9 | | | |
| | | | | | | 7/1/19 - 9/ | /30/1 | 9 | | | |
| Water Syste | m Facility: | ENTRY POINT (\ | NSF ID: 0 | 0700) | | | | | | | |
| Nitrate And | d Nitrite (N | OX) | | | | | | | | 1 routine (R | T) per year |
| Samplin | g Point (Sam | pling Point ID) | | | | Monitoring | Perio | od Col | lection Perio | d Compli | ance Status |
| ENTRY P | OINT (3) | | | | | 1/1/18 - 12 | /31/1 | .8 | | Co | mplete |
| | | | | | | 1/1/19 - 12 | /31/1 | .9 | | | |
| | | | | | | 1/1/20 - 12 | /31/2 | 20 | | | |
| | | | Public | Not | ification R | equiren | nent | :S | | | |
| | | | | C | ompliance | Notice | P | ublic Not | <u>ification</u> | PN Cert | <u>ification</u> |
| Violation/Site | uation | | | | Period | Tier | Re | quired | Performed | Due to DPH Received | |
| Total Coliforn | n M&R Violat | tion | | 7/1/ | 14 - 9/30/14 | 2 | 12/2 | 21/2014 | | 12/31/2014 | |
| Physical Para | meters M&R | Violation | | 7/1/ | 14 - 9/30/14 | | 11/2 | 21/2015 | | 12/1/2015 | |
| | | Water S | ystem I | acili | ty and Sar | npling P | oint | Inven | tory | | |
| Water | | | | | | | | Tota | al Lead an | d | |
| System W | ater System | Facility | Sampling | Point | Sampling Poi | nt | | Colifo | rm Coppei | | Stage |
| Facility ID | | | ID | | Description | | Sta | tus Rui | e Rule Tie | er Asbestos | WQP 2 DBPI |
| 00600 DI | STRIBUTION | SYSTEM | 4 | | DISTRIBUTIO | N SYSTEM | P | Y | | | |
| | | | DOWNST | REAM | WITHIN 5 SEF | RVICE CON | P | ١ | | | |
| | | | UPSTRE | AM | WITHIN 5 SEF | RVICE CON | P | ١ | | | |
| 00700 EN | ITRY POINT | | 3 | | ENTRY POINT | | P | ١ | | | |
| 20260 W | ELL | | 2 | | WELL | | A | ١ | | | |
| | | | | Con | tact Infori | mation | | | | | |
| Name | | | | Or | ganization | | | | | Job Title | |
| Ms. Marion B | 3. Knight | | | | lton United M | lethodist Ch | urch | | Trustee Chai | r | |
| Mailing Addre | ess Line One | | Mailing A | ddress | s Line Two | | | | City | State | Zip Code |
| 1041 Boston | Turnpike | | | | | | | Bolton | | СТ | 06043 |
| | | | | | | | | | | | |

Emergency Phone Email Address

860-742-9420

Mobile Phone

Business Phone

860-643-5287

Extension

Fax

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| | Tracer Quarrey Promise | u 0011 | TP. | indirec t | on car | | | |
|------------------|----------------------------------|--------|-------------|---------------|------------|----------------|------------|-----------------|
| PWS ID | PWS Name | Cla | ssification | Population | Owner Type | Primary Source | | |
| CT0120374 | UNITED METHODIST CHURCH | | NC | 35 | Р | GW | | |
| Local Address (v | Local Address (where applicable) | | | tial Commerci | | al Industri | al Combine | ed Agricultural |
| 1041 BOSTON T | Connections | | | 1 | | | | |
| | | | | | • | <u> </u> | | |

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID PWS Name C | | | | | | Population | Owner Type | Primary Source |
|-------------------|---------|-------------|-------|-----------|-------------|------------|-----------------|----------------|
| CT0120384 | | NC | 25 | Р | GW | | | |
| Local Address (v | Service | Resider | ntial | Commercia | al Industri | al Combine | ed Agricultural | |
| 60 VILLA LOUISA | A ROAD | Connections | | | 1 | | | |

Towns Served: BOLTON

| | Monitoring Requirements | | | | | | | | | |
|--|---|---|--|--|--|--|--|--|--|--|
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) | | | | | | | | | | |
| | 1 routi | ne (RT) per quarter | | | | | | | | |
| Monitoring Period | Collection Period | Compliance Status | | | | | | | | |
| 10/1/18 - 12/31/18 | | Complete | | | | | | | | |
| 1/1/19 - 3/31/19 | | Complete | | | | | | | | |
| 4/1/19 - 6/30/19 | | | | | | | | | | |
| 7/1/19 - 9/30/19 | | | | | | | | | | |
| Physical Parameters (PPS) 1 routine (RT) per q | | | | | | | | | | |
| Monitoring Period | Collection Period | Compliance Status | | | | | | | | |
| 10/1/18 - 12/31/18 | | Complete | | | | | | | | |
| 1/1/19 - 3/31/19 | | Complete | | | | | | | | |
| 4/1/19 - 6/30/19 | | | | | | | | | | |
| 7/1/19 - 9/30/19 | | | | | | | | | | |
| | | | | | | | | | | |
| | 1 rc | outine (RT) per year | | | | | | | | |
| Monitoring Period | Collection Period | Compliance Status | | | | | | | | |
| 1/1/18 - 12/31/18 | | Complete | | | | | | | | |
| 1/1/19 - 12/31/19 | | | | | | | | | | |
| 1/1/20 - 12/31/20 | | | | | | | | | | |
| ce Schedules | | | | | | | | | | |
| | 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Monitoring Period 1/1/18 - 12/31/18 1/1/19 - 12/31/19 1/1/20 - 12/31/20 | Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 1 routi Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 6/30/19 7/1/19 - 9/30/19 1 ro Collection Period 1 ro Monitoring Period 1/1/18 - 12/31/18 1/1/19 - 12/31/18 1/1/19 - 12/31/18 1/1/19 - 12/31/18 | | | | | | | | |

| Other Compliance Schedules | | | | | | | | | |
|--|-----------|---------------|--|--|--|--|--|--|--|
| Compliance Schedule Activity | Due Date | Achieved Date | | | | | | | |
| RESPOND TO SANITARY SURVEY | 2/28/2019 | 2/28/2019 | | | | | | | |
| CORRECTIVE ACTION/CORRECTIVE ACTION PLAN | 5/29/2019 | 2/28/2019 | | | | | | | |

| | Water System Facility and Sampling Point Inventory | | | | | | | | | | | | |
|--------------------------------|--|----------------------|----------------------------|--------|---------------------------|--|----------|-----|-----------------|--|--|--|--|
| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | | Asbestos | WQP | Stage 2 DBPR | | | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | | | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | | | |
| 00700 | TREATMENT PLANT | 3 | ENTRY POINT | Α | | | | | | | | | |
| 20261 | WELL 1 | 2 | WELL 1 | Α | | | | | | | | | |
| 56126 | WELL 2 | 2 | WELL 2 | Α | | | | | | | | | |
| E6122 | DDECCLIDE TANK | | | | | | | | | | | | |

56132 PRESSURE TANK

| Contact Information | | | | | | | | | | |
|----------------------|-----------|-----|--------------|--------------|-----------------|---------------|-----------|-------|----------|--|
| Name | | | | Organization | | | Job Title | | | |
| Mr. Asim Etem Ba | | | | Banquets | | Administrator | | | | |
| Mailing Address Lin | e One | | Mailing Addr | ess Line Two | | | City | State | Zip Code | |
| 60 Villa Louisa Road | | | | | | Bolton | | CT | 06043 | |
| Business Phone | Extension | Fax | Mo | bile Phone | Emergency Phone | Email Ac | ldress | | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| | Connectic | ut Depa | rtmen | t of Public | : Health | Drin | iking | g Water | Section | | | |
|----------------------------------|-----------------|--------------|------------|-----------------|--------------|----------|---------|-------------|------------|-----------------|--|--|
| | Wa | ter Qua | lity Mo | nitoring a | nd Con | nplia | nce S | Schedul | e | | | |
| PWS ID | PWS Name | | | | | Classifi | cation | Population | Owner Type | Primary Source | | |
| CT0120384 | 60 VILLA LOUISA | - VILLA LOU | IISA/ROSSI | TTOS | | N | С | 25 | Р | GW | | |
| Local Address (where applicable) | | | | Service | Residen | ntial Co | mmerci | al Industri | al Combine | ed Agricultural | | |
| 60 VILLA LOUISA ROAD | | | Connection | ons | | 1 | | | | | | |
| Towns Served: B | OLTON | | | · | , | | | | · | | | |
| 860-646-3161 | | | | | | | | | | | | |
| Contact Role(s): | Administrative | Contact, Leg | al Contact | | | | | | | | | |
| Name | | | | Organization | Organization | | | | Job Title | | | |
| 60 Villa Louisa R | oad LLC | | | | | | | | | | | |
| Mailing Address | Line One | | Mailing Ad | ldress Line Two | | | | City | State | Zip Code | | |
| 60 Villa Louisa Ro | b | | | | | | Bolton | | СТ | 06106 | | |
| Business Phone | e Extension | Fax | 1 | Mobile Phone | Emergency | y Phone | Email A | Address | | | | |
| Contact Role(s): | Owner | | | | | | | | | | | |

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Connecticut Dep | artment of | Public He | alth Di | rinki | ng Wa | ater Se | ection | |
|-------------|--|----------------|-----------------|-------------|---------------|----------|------------|------------|---------------|
| | * · | | oring and | | | O | | | |
| PWS ID | PWS Name | | oring and | | | | | ner Type F | rimary Source |
| CT0120504 | | | | O.G. | NC | | 30 | P | GW |
| | ress (where applicable) | | Service Re | esidential | | | ndustrial | Combined | |
| | ON TURNPIKE | | Connections | 20140111141 | 1 | | | | 7.8 |
| | ved: BOLTON | | | | _ | | | | |
| | | Monit | oring Requir | ements | | | | | |
| Water Sys | stem Facility: DISTRIBUTION | SYSTEM (WSF I | D: 00600) | | | | | | |
| Total Col | iform (3100) | | | | | | 1 rou | utine (RT) | per quarter |
| Samp | oling Point (Sampling Point ID) | | Mo | nitoring P | eriod | Collect | ion Period | Compl | iance Status |
| Selec | t from Inventory of Active Samplir | ng Points | 10/ | 1/18 - 12/ | 31/18 | | | Co | omplete |
| | | | 1/ | 1/19 - 3/3 | 1/19 | | | Co | omplete |
| | | | 4/ | 1/19 - 6/3 | 0/19 | | | | |
| | | | 7/ | 1/19 - 9/3 | 0/19 | | | | |
| Physical | Parameters (PPS) | | | | | | 1 rou | utine (RT) | per quarter |
| Samp | oling Point (Sampling Point ID) | | Mo | onitoring P | Period | Collect | ion Period | Compl | iance Status |
| Selec | t from Inventory of Active Samplir | ng Points | 10/ | 1/18 - 12/ | 31/18 | | | Co | omplete |
| | | | 1/ | 1/19 - 3/3 | 1/19 | | | Co | omplete |
| | | | 4/ | 1/19 - 6/3 | 0/19 | | | | |
| | | | 7/ | 1/19 - 9/3 | 0/19 | | | | |
| Water Sys | stem Facility: ENTRY POINT (| WSF ID: 00700) | | | | | | | |
| | and Nitrite (NOX) | | | | | | 1 | _ | RT) per year |
| Samp | oling Point (Sampling Point ID) | | Mo | nitoring P | Period | Collect | ion Period | Compl | iance Status |
| ENTR | Y POINT (3) | | | 1/18 - 12/3 | | | | | omplete |
| | | | | 1/19 - 12/3 | | | | Co | omplete |
| | | | 1/: | 1/20 - 12/3 | 31/20 | | | | |
| | Water 9 | System Facil | ity and Samp | ling Po | int In | vento | ry | | |
| Water | | | | | | Total | Lead and | 1 | |
| System | Water System Facility | | Sampling Point | | | Coliform | | | Stage |
| Facility ID | | ID | Description | | <u>Status</u> | Rule | Rule Tier | Asbestos | WQP 2 DBPR |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION | | Α | | | | |
| | | | WITHIN 5 SERVIO | | Α | | | | |
| | | UPSTREAM | WITHIN 5 SERVIO | CE CON | Α | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | | Α | | | | |
| 49166 | WELL 1 | 2 | WELL 1 | | Α | | | | |
| 54099 | BOLTON EXXON STORAGE TANK | | | | | | | | |
| | | Con | tact Informa | tion | | | | | |
| Name | | 0 | rganization | | | | | Job Title | |
| Mr. Antho | ny Bonito | В | olton Gulf | | | | | | |
| Mailing Ad | ldress Line One | Mailing Addres | s Line Two | | | Ci | ity | State | Zip Code |
| 262 Bosto | n Turnpike | | | | Bol | ton | | СТ | 06043 |
| | The state of the s | | | | 1 | | | | |

Emergency Phone Email Address

860-944-6491

Mobile Phone

Business Phone

860-944-6491

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| | Water Quanty Fromtoring and compliance beneaute | | | | | | | | | |
|---------------------|---|-------------|---------|----------------|-------------|------------|-----------------|--|--|--|
| PWS ID | ID PWS Name C | | | Classification | Population | Owner Type | Primary Source | | | |
| CT0120504 | T0120504 BOLTON GULF | | | | | Р | GW | | | |
| Local Address (v | Local Address (where applicable) | | Residen | tial Commerci | al Industri | al Combine | ed Agricultural | | | |
| 262 BOSTON TURNPIKE | | Connections | | 1 | | | | | | |
| Towns Served: I | BOLTON | | | | | | | | | |

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Connecticut De | epartment of | Public H | ealth | Drir | nking | Wa | ater S | ection | |
|-------------------|---|--------------------|----------------|------------------------------|---------|---------|---------------|---|---------------|-------------------------------|
| | | uality Monit | | | | _ | | | | |
| PWS ID | PWS Name | duffly Monite | oring and | a dom | _ | | | | vner Type F | Primary Source |
| CT0121044 | SAINT MAURICE CHURC | H WELL# 1 | | | | IC | 2 | | P | GW |
| Local Addre | ss (where applicable) | | Service | Residen | tial Co | mmerci | al In | dustrial | Combined | Agricultura |
| 32 HEBRON | ROAD | | Connections | | 1 | | | | | |
| Towns Serve | ed: BOLTON | | | | | | ' | | | |
| | | Monito | oring Requ | ireme | nts | | | | | |
| Water Syst | em Facility: DISTRIBUTIO | N SYSTEM (WSF I | D: 00600) | | | | | | | |
| | form (3100) | • | • | | | | | 1 ro | utine (RT) | per quarter |
| | ing Point (Sampling Point ID) | | Monitori | ng Peri | od C | ollecti | ion Period | | liance Status | |
| Select | from Inventory of Active Sam | pling Points | ! | 10/1/18 - | 12/31/ | 18 | | | C | omplete |
| | | | | 1/1/19 - | 3/31/1 | .9 | | | C | omplete |
| | | | | 4/1/19 - | 6/30/1 | .9 | | | | |
| | | | | 7/1/19 - | 9/30/1 | .9 | | | | |
| Physical P | arameters (PPS) | | | | | | | 1 ro | utine (RT) | per quarter |
| | ing Point (Sampling Point ID) | | | Monitori | | | ollect | on Period | • | liance Status |
| Select | from Inventory of Active Sam | pling Points | | 10/1/18 - | | | | | | omplete |
| | | | | 1/1/19 - | | | | | C | omplete |
| | | | | 4/1/19 - | | | | | | |
| M/-1 C | THE PARTY POINT | T (MCC 1D 00700) | | 7/1/19 - | 9/30/1 | .9 | | | | |
| | tem Facility: ENTRY POIN | i (WSF ID: 00/00) | | | | | | | | |
| | nd Nitrite (NOX) | | | Manitari | na Bori | od C | allast | ion Period | = | RT) per year liance Status |
| _ | ing Point (Sampling Point ID) POINT (3) | | | <i>Monitorii</i> 1/1/18 - | | | onecu | on Period | | omplete |
| EININI | POINT (5) | | | 1/1/19 - | | | | | C | ompiete |
| | | | | 1/1/20 - | | | | | | |
| | \M/ata | r System Facili | | | | | ntor | • | | |
| Markov | vvate | ii Systeili Facili | ty allu Sai | iipiiiig | PUIII | | | - | -d | |
| Water System V | Nater System Facility | Sampling Point | Samplina Poi | nt | | | otal iform | Lead and Copper | | Stage |
| Facility ID | | ID | Description | | Sto | | lule | | | WQP 2 DBP |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION | N SYSTEM | | 4 | Υ | | | |
| | | DOWNSTREAM | WITHIN 5 SER | VICE CON | I A | Д | | | | |
| | | UPSTREAM | WITHIN 5 SER | VICE CON | J / | Д | | | | |
| 00700 E | ENTRY POINT | 3 | ENTRY POINT | | A | 4 | | | | |
| 55553 V | WELL #1 | 2 | WELL #1 | | A | 4 | | | | |
| 55565 H | HYDROPNUEMATIC TANKS | | | | | | | | | |
| | | Con | tact Inforr | nation | | | | | | |
| Name | | | ganization | | | | | | Job Title | |
| | Susaimanickam | | int Maurice Ch | urch | | | Rev | Father | 300 11110 | |
| | lress Line One | Mailing Address | | | | | Ci | | State | Zip Code |
| | | | | | | | | -1 | | |

Mobile Phone

Bolton

Emergency Phone Email Address

06043

CT

saintmauricechurchbolton@gmail.com

32 Hebron Road

Business Phone

860-643-4466

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

| Connecticut Department of Public Health Drinking Water Section | ion |
|--|-----|
| Water Quality Monitoring and Compliance Schedule | |

| | water quarty monitoring and domphanee senedate | | | | | | | | | |
|----------------|--|-------------|-------|----------|-------------|------------|---------------------------------------|----------------|--|--|
| PWS ID | PWS ID PWS Name C | | | | ssification | Population | Owner Type | Primary Source | | |
| CT0121044 | 0121044 SAINT MAURICE CHURCH WELL# 1 | | | | | 25 | Р | GW | | |
| Local Address | Service | Resider | ntial | Commerci | al Industri | al Combine | ed Agricultural | | | |
| 32 HEBRON ROAD | | Connections | | | 1 | | | | | |
| | | | | • | | • | · · · · · · · · · · · · · · · · · · · | | | |

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | | | 45 11. | , , , | | | | | | |
|----------------------|----------------------------|-------------|---------------------------------|-----------|-------|-----------|--------------------|---------|------------|-----------------|
| | Connecticut De | • | nt of Public H onitoring and | | | _ | | | ion | |
| DWC ID | | ianty M | officoring and | a Con | _ | | | | True a Dui | |
| PWS ID | PWS Name | DIAZA | | | Clas | | - | | Type Pri | mary Source |
| CT0121064 | 299 BOSTON TURNPIKE - | PLAZA | <u> </u> | | | NC | 25 | Р | | GW |
| | (where applicable) | | Service | Residen | tial | Commerci | al Industria | al Co | mbined | Agricultural |
| 299 BOSTON T | | | Connections | | | 5 | | | | |
| Towns Served: | BOLTON | | | _ | | | | | | |
| | | | onitoring Requ | ireme | nts | | | | | |
| - | n Facility: DISTRIBUTIO | N SYSTEM (| WSF ID: 00600) | | | | | | | |
| Total Colifor | | | | | | | | | | er quarter |
| Sampling | Point (Sampling Point ID) | | | Monitori | ing P | eriod C | ollection Per | iod | Complia | nce Status |
| Select fro | m Inventory of Active Samp | ling Points | | 10/1/18 - | 12/ | 31/18 | | | Con | nplete |
| | | | | 1/1/19 - | 3/3 | 1/19 | | | Con | nplete |
| | | | | 4/1/19 - | 6/3 | 0/19 | | | | |
| | | | | 7/1/19 - | 9/3 | 0/19 | | | | |
| Physical Para | ameters (PPS) | | | | | | 1 | routin | e (RT) p | er quarter |
| Sampling | Point (Sampling Point ID) | | | Monitori | ing P | eriod C | ollection Per | iod | Complia | nce Status |
| Select fro | m Inventory of Active Samp | ling Points | | 10/1/18 - | 12/ | 31/18 | | | Con | nplete |
| | | | | 1/1/19 - | 3/3 | 1/19 | | | Con | nplete |
| | | | | 4/1/19 - | 6/3 | 0/19 | | | | |
| | | | | 7/1/19 - | 9/3 | 0/19 | | | | |
| Water Systen | n Facility: ENTRY POINT | (WSF ID: 0 | 0700) | | | | | | | |
| Nitrate (104 | .0) | | | | | | 1 | routin | e (RT) p | er quarter |
| Sampling | Point (Sampling Point ID) | | | Monitori | ng P | eriod C | ollection Per | iod | Complia | nce Status |
| ENTRY PC | OINT (3) | | : | 10/1/18 - | 12/ | 31/18 | | | | |
| | | | | 1/1/19 - | 3/3 | 1/19 | | | Con | nplete |
| | | | | 4/1/19 - | 6/3 | 0/19 | | | | |
| | | | | 7/1/19 - | 9/3 | 0/19 | | | | |
| Nitrite (104: | 1) | | | | | | | 1 rou | utine (R1 |) per year |
| Sampling | Point (Sampling Point ID) | | | Monitori | ing P | eriod C | ollection Per | riod | Complia | nce Status |
| ENTRY PC | OINT (3) | | | 1/1/18 - | 12/3 | 31/18 | | | Con | nplete |
| | | | | 1/1/19 - | 12/3 | 31/19 | | | Con | nplete |
| | | | | 1/1/20 - | 12/3 | 31/20 | | | | |
| | | Oth | er Compliance | Sched | lule | es | | | | |
| Compliance Sc | hedule Activity | | | | Due | Date | Achie | ved Dat | te | |
| CROSS CONNE | CTION SURVEY REPORT | | | ; | 3/1/ | 2020 | | | | |
| | | Public | Notification R | equire | eme | ents | | | | |
| | | | Compliance | Notice | | Public N | <u>otification</u> | | PN Certi | <u>fication</u> |
| Violation/Situ | ation | | Period | Tier | | Required | Performed | d Due | to DPH | Received |
| Nitrate M&R V | iolation | | 10/1/18 - 12/31/18 | 3 | | 3/12/2020 | | 3/2 | 2/2020 | |
| | Water | System I | acility and Sar | npling | Po | int Inve | ntory | | | |
| Water | | | | | | | otal Lead | and | | |
| | ter System Facility | | Point Sampling Point | nt | | | form Copp | | | Stage |
| Facility ID | | ID | Description | | | Status R | ule Rule | Tier As | sbestos l | NQP 2 DBPR |

Rule Tier Asbestos WQP 2 DBPR Facility ID Description ID Rule Status 00600 DISTRIBUTION SYSTEM 4 **DISTRIBUTION SYSTEM** Υ Α DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α 00700 **ENTRY POINT** 3 **ENTRY POINT** Α

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| | domine the determinent of Fubility Printing Water becards | | | | | | | | | | |
|---------------|---|-----------------------------|------------------|-----|-------------|------------|-----------------|----------------|--|--|--|
| | Water Quality Monit | toring an | d Con | npl | liance S | chedul | e | | | | |
| PWS ID | PWS ID PWS Name | | | | | Population | Owner Type | Primary Source | | | |
| CT0121064 | 299 BOSTON TURNPIKE - PLAZA | 299 BOSTON TURNPIKE - PLAZA | | | | | Р | GW | | | |
| Local Address | Service | Residen | esidential Comme | | al Industri | al Combine | ed Agricultural | | | | |
| 299 BOSTON T | 99 BOSTON TURNPIKE Connections 5 | | | | | | | | | | |

Connecticut Department of Public Health Drinking Water Section

Towns Served: BOLTON

| Water System Facility and Sampling Point Inventory | | | | | | | | | | | | |
|--|----------|----------------|-------------|---------------|--------------|-----------------|------|-------------------|--------------------|-----------|-------|--------|
| Water System W | ater Sy: | stem Facility | | Sampling Poin | t Sampling | Point | (| Total Coliform | Lead and Copper | | | Stage |
| Facility ID | | | | ID | Description | on Sto | tus | Rule | Rule Tier | Asbestos | WQP | 2 DBPR |
| 57633 W | ELL 1 | | | 2 | WELL 1 | | 4 | | | | | |
| Contact Information | | | | | | | | | | | | |
| Name | | | | (| Organization | | | | | Job Title | | |
| Mr. Lawrence | e Fiano | | | | | | | | | | | |
| Mailing Addre | ess Line | One | | Mailing Addre | ss Line Two | | | Ci | ty | State | Zip C | ode |
| 266 Boston T | urnpike | 9 | | | | | Bolt | on | | CT | 060 | 40 |
| Business Ph | none | Extension | Fax | Mok | oile Phone | Emergency Phone | Ema | ail Addre | SS | · | | |
| 860-649-53 | 371 | | 860-649-8 | 3046 | | 860-649-5371 | | | | | | |
| Contact Polo/ | (c). Ad | ministrativo (| Contact Log | al Contact Ou | mor | | | | | | | |

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Connecticut Department of Public Health Drinking Water Section | | | | | | | | | |
|--|--|-------------|---------|----------------|---------------|------------|-----------------|--|--|--|
| Water Quality Monitoring and Compliance Schedule | | | | | | | | | | |
| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | | | |
| CT0121084 | 084 OUR PLACE RESTAURANT | | | | 30 | Р | GW | | | |
| Local Address | (where applicable) | Service | Residen | tial Commer | cial Industri | al Combine | ed Agricultural | | | |
| 180 WEST STR | EET | Connections | | 1 | | | | | | |
| Towns Served: | BOLTON | · | | | | | | | | |
| Monitoring Requirements | | | | | | | | | | |

| Monitoring R | equirements | | | | | |
|---|--------------------------|---------------------------|--------------------------|--|--|--|
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600 |) | | | | | |
| Total Coliform (3100) 1 routine (R | | | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete | | | |
| | 1/1/19 - 3/31/19 | | | | | |
| | 4/1/19 - 6/30/19 | | | | | |
| | 7/1/19 - 9/30/19 | | | | | |
| Physical Parameters (PPS) | | 1 routine (RT) per quarte | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete | | | |
| | 1/1/19 - 3/31/19 | | | | | |
| | 4/1/19 - 6/30/19 | | | | | |
| | 7/1/19 - 9/30/19 | | | | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | | | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | |
| ENTRY POINT (3) | 1/1/18 - 12/31/18 | | Complete | | | |
| | 1/1/19 - 12/31/19 | | | | | |
| | 1/1/20 - 12/31/20 | | | | | |
| Monthly Water System Facility (WS | F) Level Monitori | ng Requiremen | ts | | | |

| IVIOI | nthiy water system Facility | (wsr) Lev | ei Monitori | ng Kequireme | nts |
|-----------------------------|-----------------------------------|--------------------------|------------------------|-----------------------------------|----------------------|
| Water System Facility: | ENTRY POINT (WSFID: 00700) | | | | |
| Analyte | Monitoring Requirement (Summary T | уре) | Operating Limit | : | Samples Req/Month |
| рН | Entry Point pH Monitoring (PHRD) | | Minimum: 7.0 | PH | 4 |
| Start Date: 8/1/2015 | | Compliance History: | | mpliance History: Operating Limit | |
| | | Monitoring Period | | Compliance Status | : Compliance Status: |
| | | 11/1/2018 - | 11/30/2018 | | N |
| | | 12/1/2018 - | 12/31/2018 | | N |
| | | 1/1/2019 - 1 | L/31/2019 | | N |
| | | 2/1/2019 - 2 | 2/28/2019 | | N |
| | | 3/1/2019 - 3 | 3/31/2019 | | |

| 4/1/2019 - 4/30/2019 | | | | | | | | | |
|--|-------------------|------|------------|-----------|------------|----------|--|--|--|
| Public Notification Requirements | | | | | | | | | |
| Compliance Notice <u>Public Notification</u> <u>PN Certification</u> | | | | | | | | | |
| Violation/Situation | Period | Tier | Required | Performed | Due to DPH | Received | | | |
| Total Coliform M&R Violation | 7/1/15 - 9/30/15 | 2 | 1/10/2016 | | 1/20/2016 | | | | |
| pH M&R Violation | 8/1/15 - 8/31/15 | 3 | 10/25/2016 | | 11/4/2016 | | | | |
| Physical Parameters M&R Violation | 7/1/15 - 9/30/15 | 3 | 12/10/2016 | | 12/20/2016 | | | | |
| pH M&R Violation | 9/1/15 - 9/30/15 | 3 | 12/17/2016 | | 12/27/2016 | | | | |
| Nitrate And Nitrite M&R Violation | 1/1/15 - 12/31/15 | 2 | 5/3/2017 | | 5/13/2017 | | | | |

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| | | 0 | | 1 | | | |
|------------------|----------------------|-------------|---------|----------------|--------------|------------|-----------------|
| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source |
| CT0121084 | OUR PLACE RESTAURANT | | | NC | 30 | Р | GW |
| Local Address (v | vhere applicable) | Service | Resider | ntial Commerc | ial Industri | al Combine | ed Agricultural |
| 180 WEST STRE | ET | Connections | | 1 | | | |

| | Water System Facility and Sampling Point Inventory | | | | | | | | | | |
|--------------------------------|--|----------------------|----------------------------|--------|---------------------------|---------------------------------|----------|-----|-----------------|--|--|
| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | WQP | Stage 2 DBPR | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | | | | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | | | |
| 59695 | WELL 1 | 2 | WELL 1 | Α | | | | | | | |
| 59699 | TREATMENT PLANT | | | | | | | | | | |

| | | | С | ontact Inf | ormation | | | | |
|---------------------|-----------|-----|-------------|---------------|-----------------|----------|-------|-----------|----------|
| Name | | | | Organization | ı | | | Job Title | |
| Ms. Luisa Parreira | | | | | | | | | |
| Mailing Address Lin | e One | | Mailing Add | ress Line Two | | | City | State | Zip Code |
| 97 French Rd | | | | | | Bolton | | СТ | 06043 |
| Business Phone | Extension | Fax | M | obile Phone | Emergency Phone | Email Ad | dress | · | |
| 860-646-6398 | | | | | | | | | |

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Connecticut Department o Water Quality Monit | | | | _ | , | | | |
|---------------|---|--|--|------|-------------|------------|------------|----------------|--|
| PWS ID | PWS Name | | | Clas | ssification | Population | Owner Type | Primary Source | |
| CT0121094 | CT0121094 BOLTON COSMETIC & FAMILY DENTISTRY NC 25 P GW | | | | | | | | |
| Local Address | ocal Address (where applicable) Service Residential Commercial Industrial Combined Agricultura | | | | | | | | |

| LUCAI AUU | ress (where applicable) | | | Service | Residentia | Commerc | ai illuustilai | Combined | Agricultural |
|-------------|----------------------------------|--------------|-------|---------------|--------------|-----------------|--------------------|---------------|------------------|
| 1100 BOS | TON TURNPIKE | | | Connections | | | | 1 | |
| Towns Se | rved: BOLTON | | | | 1 | ' | | | |
| | | M | onit | oring Requ | iirement | S | | | |
| Water Sy | stem Facility: DISTRIBUTIO | N SYSTEM (| WSF I | D: 00600) | | | | | |
| Total Co | liform (3100) | | | | | | 1 r | outine (RT) p | er quarter |
| Sam | pling Point (Sampling Point ID) | | | | Monitoring | Period C | ollection Perio | od Compli | ance Status |
| Selec | ct from Inventory of Active Samp | oling Points | | | 10/1/18 - 12 | 2/31/18 | | Co | mplete |
| | | | | | 1/1/19 - 3/ | 31/19 | | Co | mplete |
| | | | | | 4/1/19 - 6/ | 30/19 | | | |
| | | | | | 7/1/19 - 9/ | 30/19 | | | |
| Physical | Parameters (PPS) | | | | | | 1 r | outine (RT) p | er quarter |
| Sam | pling Point (Sampling Point ID) | | | | Monitoring | Period C | ollection Perio | od Compli | ance Status |
| DIST | RIBUTION (4) | | | | 10/1/18 - 12 | 2/31/18 | | Co | mplete |
| | | | | | 1/1/19 - 3/ | 31/19 | | Co | mplete |
| | | | | | 4/1/19 - 6/ | 30/19 | | | |
| | | | | | 7/1/19 - 9/ | 30/19 | | | |
| Water Sy | stem Facility: ENTRY POINT | Γ (WSF ID: 0 | 0700) |) | | | | | |
| Nitrate A | And Nitrite (NOX) | | | | | | | 1 routine (R | T) per year |
| Sam | pling Point (Sampling Point ID) | | | | Monitoring | Period C | ollection Perio | od Compli | ance Status |
| ENTE | RY POINT (3) | | | | 1/1/18 - 12 | /31/18 | | Co | mplete |
| | | | | | 1/1/19 - 12 | /31/19 | | | |
| | | | | | 1/1/20 - 12 | /31/20 | | | |
| | | Public | Not | ification R | equirem | ents | | | |
| | | | C | Compliance | Notice | <u>Public N</u> | <u>otification</u> | PN Cert | <u>ification</u> |
| Violation, | /Situation | | | Period | Tier | Required | Performed | Due to DPH | Received |
| E. Coli | | | 7/1 | /18 - 9/30/18 | 3 | 11/13/2019 | 1/22/2019 | 11/23/2019 | 1/22/2019 |
| | Wate | r System F | acil | ity and Sar | npling P | oint Inve | ntory | | |
| Water | | | | - | | T | otal Lead ar | nd | |
| System | Water System Facility | Sampling | Point | Sampling Poi | nt | Col | iform Coppe | r | Stage |
| Facility ID |) | ID | | Description | | Status F | Rule Rule Ti | er Asbestos | WQP 2 DBPR |
| 00600 | DISTRIBUTION | 4 | | DISTRIBUTION | N | Α | Υ | | |
| | | DOWNST | REAM | 5 SERVICE CO | NNECTION | Α | Υ | | |
| | | UPSTRE | AM | 5 SERVICE CO | NNECTION | Α | Υ | | |
| 00700 | ENTRY POINT | 3 | | ENTRY POINT | | Α | | | |
| 61047 | WELL 1 | 2 | | WELL 1 | | Α | | | |
| 1 | | | | | | | | | |

| 61050 PRESSUF | RE STORAGE | | | | | | | | | |
|--|------------|-----|--------------|--------------|-----------------|---------------|-----------|----------|----------|--|
| Contact Information | | | | | | | | | | |
| Name Organization Job Title | | | | | | | | <u>.</u> | | |
| Dr. Cristina Ilies Bolton Cosmetic & Family Dent Owner | | | | | | | | | | |
| Mailing Address Lin | e One | | Mailing Addr | ess Line Two | | | City | State | Zip Code | |
| 921 Boston Turnpik | e | | Suite C | | | Bolton | | СТ | 06043 | |
| Business Phone | Extension | Fax | Мо | obile Phone | Emergency Phone | Email Address | | | | |
| 860-646-3003 | | | | | 860-920-2391 | C_Ilies@ | yahoo.com | | | |

| Connecticut Department of Public Health Drinking Water Section | |
|--|--|
| Water Quality Monitoring and Compliance Schedule | |
| | |

| | | | | 1 | | | | |
|-----------------|------------------------------------|-------------|---------|-------------|--------|------------|------------|-----------------|
| PWS ID | PWS Name | | | Classificat | ion [| Population | Owner Type | Primary Source |
| CT0121094 | BOLTON COSMETIC & FAMILY DENTISTRY | | | NC | | 25 | Р | GW |
| Local Address (| where applicable) | Service | Resider | itial Comm | nercia | l Industri | al Combine | ed Agricultural |
| 1100 BOSTON | TURNPIKE | Connections | | | | | 1 | |
| | | | | | | | | |

Contact Role(s): Administrative Contact, Legal Contact, Owner

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End of schedule